

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-470)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		NO.	DEF.
	NO.	DEF.	NO.	DEF.	NO.	DEF.		
1							61	
2							62	
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49								
50								
TOTAL NO.	60						TOTAL NO.	
TOTAL DEF.	38						TOTAL DEF.	

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT	
	WFO.	DOF.	WFO.	DOF.	WFO.	DOF.
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60						
TOTAL WFO.						
TOTAL DOF.						

	MO.	DEF.	MO.	DEF.	MO.	DEF.
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TOTAL						
DEF.						